

# EXECUTIVE SUMMARY

Presented 11/19/10

Collaboration and partnership form the foundation of Virginia's public system of services to individuals with intellectual and developmental disabilities. The individual and family partner with State facilities, CSBs and private service providers to develop supports and services through person centered planning and choice.

Individuals with intellectual or developmental disabilities and their families value choice among options across a range of long-term supports and providers to address developmental, medical, social, educational, recreational and family needs. Region 2 stakeholders exert that the DD system of supports is grossly underfunded. The region 2 stakeholders and CSBs want to partner with the state to develop strategies for choice, an enhanced array of services, preservation of safety net and definition of oversight or quality throughout the array of support/service options.

Stakeholders within Region 2 convened to review these partnerships by evaluating resources and needs as well as a methodology for strengthening services within the region. With attention to choice, the group comprehensively reviewed data, resources, capacity and current and future unmet need. Region 2 stakeholders developed a set of values to guide the development of recommendations and goals that were shared with the public and elected officials. The following summary highlights those recommendations under consideration for implementation. These recommendations are presented within an environment of fiscal resources that continue to shrink. While the full report should be reviewed for further depth and scope of the issues, this summary provides an opportunity for a responsive dialogue with elected officials.

Region 2 stakeholders identify 3 key problems:

1. There are too many people on waiting lists for long periods of time due to inadequate supply of health services, ID waiver services and other long term care options
  - Region 2 has a population of 2.1 million out of a State total of 7.8 million
  - Region 2 has 980 individuals on the wait list for the ID Waiver (April 2010)
  - Region 2 has 1,117 individuals assigned to Waiver slots (April 2010)
2. Individuals with ID/DD cannot access adequate health or long term care services due to limited providers, limited coverage to purchase services, and waiting lists for access.
3. ID Waiver supports are incomplete or underfunded as compared to the ICF alternative.
  - "Creating enough waiver slots for those in need is one of two actions necessary to ensure the most medically fragile and behaviorally complex individuals can continue to reside in the community and not be admitted to training centers. An improved waiver rate and services structure also will assist those with medical and behavioral challenges. Currently, the average annual cost of ICF care is \$181,000 per year. The waiver program only provides resources in the amount of \$143,000 per year to the same individual with the same level of supports in the community. This disparity makes it difficult for those with complex medical or behavioral conditions

to receive sufficient care and services under the ID waiver program. The ability of CSBs to divert an admission to training centers can be limited because of insufficient resources to purchase care in the community.” (excerpted from Item 314 E. – Report: Northern Virginia Training Center Diversion Pilot)

Region 2 stakeholders propose the following short term strategies:

1. Establish a Strategic Planning and Action Group to be comprised of consumers, families, advocates, service delivery providers, CSBs and NVTC to build relationships with businesses, corporations, medical professionals, education systems and early intervention systems to coordinate training and education resulting in collaborative service enhancements. This group can promote public/private collaboration including families, businesses, non-profit agencies and public sector to leverage state and community resources to better address the ID/DD needs for health and habilitation supports and to address the shortage of medical and dental care providers to serve the ID/DD population.
2. The NVTC property at 9901 Braddock Road needs to be used more efficiently to maximize use of scarce resources. As admissions for Training Center services continue to decline, there will be physical resources that will be available for alternative use. In addition to previously identified needs such as outpatient and skilled nursing services, there are other compatible needs such as rehabilitation services for Wounded Warriors. A property assessment should be conducted to identify opportunities to sell or develop portions of the 9901 Braddock Road property for other compatible uses and reinvest the financial proceeds to expand the array of services in Region 2 to address the issues of the un-served or under-served people with ID or DD in this region. At the same time, other available physical resources exist in areas of the region that could be used for expansion of RCSC and Regional Crisis Stabilization services and this could be achieved through redirection of fiscal resources from the Braddock Road property and/or other State owned properties within Region 2.
3. DBHDS & DMAS approval is needed to enable NVTC to operate both outpatient and skilled nursing services independent of the ICF/MR facility.
4. Leverage the training center resources through strategic partnerships and planning to maximize the value of the property and services for people with developmental or intellectual disabilities.
5. Empower the development of a sustainable business model for the Regional Community Support Center (RCSC) at NVTC and enable the expansion of these services beyond the campus at 9901 Braddock Road throughout Region 2. Support the establishment of billing mechanisms and allow for the reinvestment of any collected revenue into the RCSC regional project.
6. Eliminate the wait list for ID Waiver services and review rate methodology
  - There is a need for an annual appropriation of additional ID Waiver slots. Without this continued strategic commitment, the wait list is projected to triple in size within five years.

- Current Medicaid rate reimbursement is inadequate to provide community based services for individuals with complex medical, physical and behavioral support needs. Additionally, current reimbursement restrictions do not support individualized services. Specifically, DMAS reimbursement rates for Waiver services should more closely match actual cost of service provision, as is currently the case with ICF reimbursement. Secondly, Waiver regulations should be revised to allow reimbursement for general support and overnight supervision, as is currently the case with ICF reimbursement.
- At the same time, a comprehensive review of rate methodology for ICF services should be conducted with the expectation of comparability between Waivers and ICFs. This is critical since individuals have the same eligibility requirements whether they choose Waivers or ICFs.
- Currently the reimbursement rate for supported individual employment as purchased by both DMAS and DRS is the rate established by the private provider based on the actual cost. In all other Waiver services, a standardized rate is established (with allowances for Northern VA) for all providers regardless of their actual cost. The precedent established with Individual Supported Employment should be expanded so that DRS and DMAS purchase services at rates established by providers based on actual cost.

In the short-term it is important to keep in mind that even of the above are addressed it is necessary to expand service availability for non-Medicaid eligible individuals

- This report has focused on Medicaid funding strategies, it is imperative to also focus on the unmet needs of individuals who do not qualify for Waiver or ICF services. Primary reasons for not qualifying include “level of functioning”, specifically that the individuals have needs which require similar supports but are not clinically assessed as eligible for an ICF or Waiver; fiscal, specifically that the individual has assets which restrict access to Medicaid funding; or citizenship, specifically the needs of those individuals who cannot qualify for Medicaid due to federal citizenship requirements. As a reference, 30% of individuals in Fairfax do not qualify for ICF or Waiver services yet their families nevertheless have difficulties meeting their needs.

Coupled with this report from regional stakeholders, the Department of Behavioral and Developmental Services has also issued a response to Senator Barker’s Amendment 314 #1c to establish a pilot to divert admissions to NVTC. This response proposes three options:

- Provide additional support for Regional Community Support Centers
- Provide funding for Regional Crisis Stabilization Programs
- Expand the number of ID Waiver slots and examine methods to improve the overall rate reimbursement structure